

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARETakoma Medley

Plaintiff

Robert George, Michealy Costello, Hine, Spangler, HannaSussex Community Correctional Center, C-M-S, Richard Calvert,
Carl E. Danberg, J. Mears, Richard Norwood, Adams

Defendant(s)

07-783
APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, Takoma medley

declare that I am the (check appropriate box)



Petitioner/Plaintiff/Movant



Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury

1. Are you currently incarcerated?
- ☒
- Yes
- ☐
- No (If "No" go to Question 3)

If "YES" state the place of your incarceration SVOPInmate Identification Number (Required): 257334Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

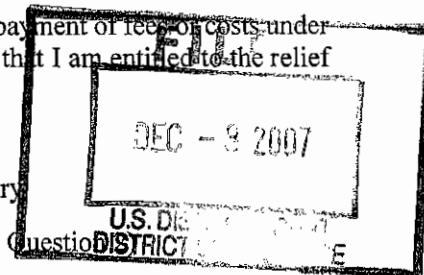
2. Are you currently employed?
- ☐
- Yes
- ☒
- No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. N/Ab. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

N/A

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes • ☒ NoIf "Yes" state the total amount \$ 0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes • ☒ No

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

① T. A. M. - Daughter
 ② T. N. M. - SON
 ③ M. M. M. - ~~SON~~ Daughter
 ④ E. N. M. - SON

I declare under penalty of perjury that the above information is true and correct.

11-26-07
DATE

Sakonia N. Medley
 SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

10-Nov-07

SCCC ADMIT DATE

DATE RELEASED

\$0.00
OPENING BALANCE
\$0.00
ACCOUNT BALANCE

R/B	room/board owed from previous visits to SWRU
MED =	Visits to medical
TRANS =	transportation owed from previous visits
P2 =	Pay to's submitted thru business office
DG =	Dollar General/commissary
TRANSF	Transfers to Other Institutions
SP. COURT	Superior Court

M/O = money orders received outside of institution
B/R = booking and receiving
CK = checks
CASH
I / W = inmate wages

REQUEST FORM
FOR
INMATE ACCOUNT ACTIVITY STATEMENT

Inmate Name: Medley Takoma N.
(Last) (First) (M.I.)

SBI Number: 00257334

Housing Unit: VOP - Pod 1

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In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.

Takoma N. Medley
Inmate Signature

Shadat Jellef
Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by business office: 11/26/07

INMATE ACCOUNT STATEMENT

TO: Inmate Name: Medley Takoma N.
(Last) (First) (M.I.)
SBI Number: 00257334
Housing Unit: VOP - Pod 1

FR: Inmate Account Technician

DA: 11/26/07

RE: Summary Of Account

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Attached is your account statement for the six month period of 11/10, 07
through 11/26, 07.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this period is \$ 0.

Attachment

Shadat Jellef
Notary